PTO/SB/21 (09-06)

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| Under the Pa                                                                                                                                                                                                                                                                                                                                            | perwork Re           | eduction Act of 1995, | no person                                                                                                  | s are required to respond to a                                          | colle              | ction of infor | rmation u                             | nless it                                                                                                                                                        | displays a valid OMB control number. |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|----------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|
| TRANSMITTAL<br>FORM                                                                                                                                                                                                                                                                                                                                     |                      |                       |                                                                                                            | Application Number                                                      |                    | 10/552,424     |                                       |                                                                                                                                                                 |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         |                      |                       |                                                                                                            | Filing Date                                                             |                    | July 5, 2006   |                                       |                                                                                                                                                                 |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         |                      |                       |                                                                                                            | First Named Inventor                                                    |                    | Jeff Chen      |                                       |                                                                                                                                                                 |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         |                      |                       |                                                                                                            | Art Unit                                                                | $\Box$             | 1625           |                                       |                                                                                                                                                                 |                                      |  |
| (to be used for all correspondence after initial filing)                                                                                                                                                                                                                                                                                                |                      |                       | Examiner Name                                                                                              |                                                                         | Patricia L. Morris |                |                                       |                                                                                                                                                                 |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         |                      |                       |                                                                                                            | Attorney Docket Number                                                  | ЭГ                 | 05-931-F       |                                       |                                                                                                                                                                 |                                      |  |
| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                       |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Fee Tran                                                                                                                                                                                                                                                                                                                                                | Fee Transmittal Form |                       |                                                                                                            | Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a |                    |                |                                       | After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         | ee Attached          |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| After Final                                                                                                                                                                                                                                                                                                                                             |                      |                       |                                                                                                            |                                                                         |                    |                | Ш                                     |                                                                                                                                                                 |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                         |                      |                       | Provisional Application Power of Attorney, Revocation Change of Correspondence Address Ferminal Disclaimer |                                                                         |                    |                | Proprietary Information Status Letter |                                                                                                                                                                 |                                      |  |
| I —                                                                                                                                                                                                                                                                                                                                                     |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Extension of Time Request                                                                                                                                                                                                                                                                                                                               |                      |                       |                                                                                                            |                                                                         |                    |                |                                       | Other Enclosure(s) (please identify below):                                                                                                                     |                                      |  |
| Express Abandonment Request                                                                                                                                                                                                                                                                                                                             |                      |                       | Request for Refund                                                                                         |                                                                         |                    |                | DOIO!!                                | •                                                                                                                                                               |                                      |  |
| Information Disclosure Statement                                                                                                                                                                                                                                                                                                                        |                      |                       | CD, Number of CD(s)                                                                                        |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Document(s)                                                                                                                                                                                                                                                                                                                                             |                      |                       | _                                                                                                          | Remarks Please charge any underpayments to Deposit Account No. 13-2490. |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT                                                                                                                                                                                                                                                                                                              |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Firm Name McDonnell Boehnen Hulbert & Berghoff LLP                                                                                                                                                                                                                                                                                                      |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Signature /Michael S. Greenfield/                                                                                                                                                                                                                                                                                                                       |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Printed name Michael S. Greenfield                                                                                                                                                                                                                                                                                                                      |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Date February 12, 2010                                                                                                                                                                                                                                                                                                                                  |                      |                       |                                                                                                            | R                                                                       | leg. No.           | 37,142         | 2                                     |                                                                                                                                                                 |                                      |  |
| CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Signature /Michael S. Greenfield/                                                                                                                                                                                                                                                                                                                       |                      |                       |                                                                                                            |                                                                         |                    |                |                                       |                                                                                                                                                                 |                                      |  |
| Typed or printed name Michael S.                                                                                                                                                                                                                                                                                                                        |                      | Michael S. Gr         | reenfield                                                                                                  |                                                                         |                    |                |                                       | Date                                                                                                                                                            | February 12, 2010                    |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to rescuessor in increasion is required by 3'C 4'R.1.5. The information is required to doration of testina a domain of testina a deposited by the USPTO to extend the control of the control ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.